

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



INSTRUCTIONS FOR FILING A CHANGE OF OFFICERS, DIRECTORS, PARTNERS, GENERAL PARTNERS, MEMBERS OR MANAGING MEMBERS

Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply, fill in the word "NONE".

FEE: The application must be accompanied by the proper fee. The fee to change the officers, directors, partner, general partners, members or managing members is \$100.00. All payments can be made in the form of a cashier's check, certified check, business check, attorney's check, personal check, or money order, payable to the D.C. Treasurer, cash, or by credit card (except for American Express).

The following instructions are intended for those persons filing a change of officer(s), director(s), partner(s), general partner(s), member(s) or managing member(s).

- ? All persons applying for change of officer(s), director(s), partner(s), general partner(s), member(s) or managing member(s) must be 21 years of age.
- ? Each new officer(s), director(s), partner(s), general partner(s), member(s) or managing member(s) must complete and submit a notarized copy of the attached application. All questions must be answered and the required information and/or documents submitted.
- ? If applicant is a corporation, submit minutes of the Board of Director's meeting verifying the election of officers/directors, attested by the Secretary with the corporate seal affixed. If applicant is a limited liability company, submit an operating agreement verifying the election of members and managing members. If applicant is a partnership, submit a partnership agreement verifying the partners/general partners.

General Instructions for Questions:

1. Print applicant's name and title (Last Name, First Name, Middle Initial and Title);
2. Print applicant's date of birth;
3. Print applicant's place of birth;
4. Print applicant's home telephone number;
5. Print applicant's residential address (street address, city, state and zip code);
6. Check appropriate box if you are eligible to work in the U.S. If naturalized citizen, please bring in copy of the naturalization papers. Also list date, place and certification number;
 - a. If applicable provide a copy of your green card number, visa number or work permit and expiration date;
7. Check either the appropriate box, Yes or No, for the following questions, "Have you ever":
 - a. received or applied for any alcoholic beverage license in DC or any state;
 - b. had any alcoholic beverage license suspended or revoked; or
 - c. been convicted of a misdemeanor during the last five (5) years or felony during the last ten (10) years. If yes, attach copy of the court disposition;
8. Check appropriate box as to whether any member of your immediate family now hold an ABC license or have any financial interest, directly or indirectly, in any ABC licensed establishment in DC;
9. If you have answered yes to question 7 and 8 please submit detailed explanation;
10. Provide the following information: a. Licensee's Name (as shown on ABC license), b. Trade Name (as shown on ABC License), c. Business Address (as shown on the ABC license), d. License Class, e. Business Telephone Number, and f. License Number;
11. Provide applicant's number of shares of Stock/Interest;
12. If applicant is a Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the certification, which states;" Certification: I hereby certify under perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business."
13. Please answer the question: In what language do you need vital documents translated.

OTHER REQUIRED DOCUMENTS:

FINANCIAL AFFIDAVIT:

Provide trade name of the establishment. Please be sure that Section B exceeds Section A. Although you will complete this form, please be advised that the Licensing Specialist or the ABC Board may request the actual documentation of the source of the monies.

- A.** Please list the Cost/Expenses for: 1. Purchase Price for Stock/Interest, 2. Down Payment, 3. Amount Financed, 4. Working Capital, 5. Inventory, and Total Cost Expenses;
- B.** Please list the Source of Funds to satisfy the transaction. Total Source Funds must be equal or be greater than the total cost expenses. 1. Cash on Hand, 2. Savings Account, 3. Checking Account, 4. Certification of Deposit, 5. Promissory Notes, 6. Loans, 7. Other, and Total Source Funds;
- C. Note: Funds dispersed to satisfy the transaction prior to the application must be accounted.** Please read, and have your signature notarized.
- D.** If applicant is a Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the certification which states, "Certification: I hereby certify under penalty of perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business". Print your name and have your signature notarized.

INFORMATION RELEASE AUTHORIZATION:

Please read, complete this form by providing your signature, full name (typed or printed), other names used, social security number, current address, home phone number and date. Please have your signature notarized.

POLICE CLEARANCE:

All applicants must obtain a police clearance from the District of Columbia's Metropolitan Police Department, located at 300 Indiana Avenue, N.W., Washington, D.C. 20001. **In addition, you must submit a police clearance for the jurisdiction in which you currently reside.**

COURT DISPOSITION:

All persons with a misdemeanor conviction during the last five (5) years or a felony conviction during the last ten (10) years must submit a copy of the court deposition.

CLEAN HANDS CERTIFICATION:

Complete appropriate information then have form stamped by the District of Columbia's Office of Tax and Revenue (OTR), located at 941 North Capitol Street, NE, 1st Floor, Washington, DC 20002.

ATTORNEY / AGENT DESIGNATION APPEARANCE FORM:

Please have your attorney or agent complete this form.

CORPORATE DOCUMENTS:

Please file an Amended report which are accepted solely to reflect a change in a corporation or LLC governing structure from the Department of Consumer & Regulatory Affairs (DCRA), Corporations Division located at 941 North Capitol Street, NE, Washington, DC 20002.

SPECIAL NOTICE

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.

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OFFICIAL USE ONLY

License Number:				Control Number:				
Date Accepted:				Accepted by:				
Fees Paid: \$	From	To		Issue Date:	From	To		
Date Approved by Board / /	Initial: ↴							
Date Denied by Board / /	Initial: ↴							

1. Applicant's Name (Last, First, Middle Initial) and Title:			
2. Date of Birth:	3. Place of Birth:		4: Home Telephone Number:
5. Residential Address	City	State	Zip Code
6. Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If naturalized citizen bring in copy of naturalization papers.</i> Give date, place and certificate number: _____			
6a. If applicable, attach copy of the follpwing document(s): Green Card Number:		Expiration Date:	
Visa Number:		Expiration Date:	
Work Permit Number:		Expiration Date:	
7. Have you ever: <ul style="list-style-type: none"> a. received or applied for any alcoholic beverage license in the D.C. or any state or territory b. had any alcoholic beverage license suspended or revoked c. been convicted of a misdemeanor during the last five(5) years or a felony during the last ten (10) years <i>(If yes, attach a copy of the court dispositon)</i> 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does any member of your immediate family now hold an ABC license or have any financial interest, directly or indirectly, in any ABC licensed establishment in the District of Columbia?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. If you have answered yes to question 7 and 8 please submit detailed explanation.		
10. Provide the following information below:		
10a. Licensee's Name (As shown on the ABC License):	10b. Trade Name: (As shown on the ABC License):	
10c. Business Address (As shown on the ABC License):		
10d. License Class:	10e. Business Telephone Number:	10f. License Number
11. Applicant's number of shares of Stock/interest:		

12. If applicant is a Partnership, each partner must sign, if Corporation, President or Vice President must sign, if LLC, managing member must sign the below certification.

Certification: I hereby certify under the penalty of perjury that the information in this application is true and correct. I also certify that the above licensee is the true and actual owner of the business.

Printed name: _____

Signature

Subscribed and sworn to before me
on this _____ day of _____, 20____.

Notary Public

My commission
expires on _____.

Printed name: _____

Signature

Subscribed and sworn to before me
on this _____ day of _____, 20____.

Notary Public

My commission
expires on _____.

Printed name: _____

Signature

Subscribed and sworn to before me
on this ____ day of ____, 20__.

Notary Public

My commission
expires on _____.

13. In what language do you need vital documents translated?

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